

## BIRTHDAY HONOURS.

THE following honours have been conferred on members of the medical profession in connection with the celebration of Her Majesty's birthday:

## SIR HECTOR CAMERON.

The honour of knighthood has been conferred upon Professor Hector Cameron, of Glasgow. He was born about 55 years ago in the West Indies, and was educated at St. Andrews, and subsequently in the old Glasgow University or College in High Street. His career as a student was distinguished, and he graduated M.B., C.M. with honours in 1866. Immediately afterwards he became Lord Lister's private assistant, and acted in that capacity until Lord Lister's removal to Edinburgh. In 1874 Dr. Cameron was made full Surgeon to the Glasgow Royal Infirmary, a post which he retained until his appointment to a similar position in the Glasgow Western Infirmary in 1881. He proved himself to be a most successful lecturer on Clinical Surgery, and only a couple of months ago was unanimously appointed by the University Court to fill the Chair of Clinical Surgery rendered vacant by the retirement of Dr. George Buchanan. He is the President of the Faculty of Physicians and Surgeons in Glasgow and the representative of that body on the General Medical Council. He has been for some years a member of the Glasgow University Court, and has been President of the Pathological and Medico-Chirurgical Societies. The honour now conferred upon him has been received in Glasgow and the West of Scotland with general satisfaction, and is regarded as very well deserved.

## SIR WILLIAM BISSET BERRY.

South Africans of all classes will read with pleasure of the honour of knighthood having been conferred upon the Honourable W. Bisset Berry, of Queenstown. Dr. Berry, who graduated M.D. in the University of Aberdeen in 1861, is well known to the profession in South Africa as an enlightened and skilful physician, and on the eastern frontier of the Colony there is no one whose medical opinion is more highly valued. He practised medicine first at Burgersdorp and afterwards at Queenstown for a period of thirty years, and a few years ago was returned as Member of the Legislative Assembly for Queenstown. He is a man of wide culture and owns one of the best private libraries in South Africa. He has an intimate knowledge of public affairs, having been for many years Mayor of Queenstown, and he is an accomplished and attractive speaker. The House of Assembly soon learnt the true value of his knowledge, wide experience, and natural talent, and during a period of an exceptionally trying character he has held the position of Speaker with distinction to himself and advantage to that House. Dr. Berry has many friends, and perhaps in politics some enemies. But we question whether, even among his political opponents, anyone would be found to begrudge him the recognition which his public work has brought him. The public life of South Africa has produced many interesting men, but among them are few more striking than this upright and distinguished Scotchman.

## SIR JOHN WILLIAM MOORE.

The honour of knighthood has been conferred on Dr. John William Moore, President of the Royal College of Physicians of Ireland. Dr. Moore, who is a graduate of the University of Dublin and Senior Physician to the Meath Hospital, became a teacher of medicine early in his professional career—first in the Cork Street Fever Hospital, then in the Meath Hospital, where he succeeded the illustrious Stokes, in the Chair of the Practice of Medicine in the Carmichael School, and later in the school of the Royal College of Surgeons of Ireland. He has taken an active interest in the Dublin Branch of the British Medical Association, has filled the office of President, and has been for some years its representative on the Council of the Association. He has always shown a strong interest in public health questions, and was a member of the Commission which recently investigated the causes of the high death-rate of Dublin. He is the author of a *Textbook of the Eruptive and Continued Fevers*, and of a *Textbook of Meteorology*, and since 1873 has been Editor of the *Dublin Journal of Medical Science*. As Registrar for many years, and now as President of the Royal College of Physicians in Ireland, he has brought to these responsible official positions a strong sense of duty,

consideration for others, and a fair-mindedness which have won him popularity and esteem, while his high sense of honour in all dealings with his professional brethren has earned their confidence.

## SIR DAVID PALMER ROSS.

Dr. David Palmer Ross, C.M.G., upon whom also the honour of knighthood has been conferred, is Surgeon-General, British Guiana. He graduated M.D. Edin. in 1863 and entered the Army Medical Service in 1864; he was attached to a West Indian Regiment, with which he served under Sir John Peter Grant during the rebellion of 1865. Shortly afterwards he retired, and commenced private practice in Spanish Town, Jamaica. In 1869 he was appointed Surgeon to the Public Hospital, Kingston, where he superintended the carrying out of many alterations and the improvement of the sanitary arrangements. While holding this office he commenced the open-air treatment of putrid diseases and fevers which has proved highly successful, and has been extended to the treatment of leprosy. In 1884 he was appointed Colonial Surgeon of Sierra Leone, and a member of the Executive Council of that colony. Here, also, he reorganised the hospital, improved the condition of gaols, and by the introduction of a full nitrogenous diet brought about a great diminution in the mortality from beriberi. In recognition of his executive and administrative services he was made C.M.G. in 1890, and 1895 was appointed Surgeon-General of British Guiana. In 1896 he was President of the British Guiana Branch of the British Medical Association, an office previously held *ex officio* by the Surgeon-General, a custom which he considered it advisable to break through in order that other members of the Branch might have the opportunity of attaining that honour. Sir David Ross married the daughter of the Hon. Alexander Heslop, Attorney-General of Jamaica, whom he had the misfortune to lose less than two years ago.

## THE ORDER OF THE BATH.

Surgeon-General HENRY SKEY MUIR, who is made Companion of the Bath (Military Division) is Deputy-Director-General of the Army Medical Service. He received his medical education at the University of Glasgow and Guy's Hospital, and took the degree of M.D. Glasg. in 1863. In the following year he entered the army as Assistant-Surgeon, was promoted Surgeon in 1873, Surgeon-Major in 1876, Brigade Surgeon in 1888, Surgeon-Colonel in 1893, and Surgeon-Major-General in November, 1896. He served in the Afghan war of 1878-80 (action of Shahjui; mentioned in despatches; medal). He was Principal Medical Officer in Egypt 1897-98, and though he was not present at the actions in the Soudan, was responsible for the medical arrangements made for the campaign.

Lieutenant-Colonel BENJAMIN BLOMFIELD CONNOLLY, Surgeon-Lieutenant-Colonel, late Army Medical Staff, who is also made C.B. (Military Division), entered the army in 1871. He was promoted Surgeon 1873, Surgeon-Major 1882, and Lieutenant-Colonel 1891. He retired on half-pay in 1891. During the Franco-German war of 1870-71 he was present at the battle of Beaumont, and battle of and capitulation of Sedan, and received the German steel war medal. He served throughout the campaign against the Jowaki Afridis in 1877-78 (medal with clasp). He was Secretary and Statistical Officer of the Principal Medical Officer, Lines of Communication and Base in the Zulu war of 1879, and in the subsequent operations against Sekukuni (medal); and he served in the Egyptian war of 1882, and was present at the battle of Tel-el-Kebir (promoted Surgeon-Major, medal with clasp and Khedive's star). He served in the Soudan Expedition under Sir Gerald Graham in 1884 as P.M.O. of the Cavalry Brigade, and was present in the engagements at El Teb and Tamai (mentioned in despatches, Fourth Class of the Osmanieh, and two clasps). He served with the Nile Expedition in 1884-85 in command of a Camel Bearer Company, and was present at the attack on the wounded convoy on February 13th, and was mentioned in despatches.

## ORDER OF THE INDIAN EMPIRE.

Lieutenant-Colonel AYLMER MARTIN CROFTS, who is made Companion of the Order of Indian Empire, entered the Indian Medical Service as Surgeon in March, 1877. He was appointed Surgeon-Lieutenant-Colonel in 1897. He is in medical charge of Kotah and Jhalrapatan Political

Agencies. Lieutenant-Colonel Crofts served in the Afghan war of 1878-80 at Kandahar and with the Khyber Brigade, and received the medal. He served in the Egyptian war of 1882, and was present at the battle of Tel-el-Kebir, and received the medal with clasp and Khedive's Star. He served also with the Zhob Valley Expedition in 1884.

#### KAISER-I-HIND MEDAL FOR PUBLIC SERVICE IN INDIA.

The new Indian decoration, created by a Royal Warrant, dated May 11th, 1900, "the Kaiser-i-Hind Medal for Public Service in India" is designed to reward important and useful services to the Indian Empire in the advancement of the public interests of that Empire. It is open to persons without distinction of race, occupation, position, or sex who may have rendered important and useful service in the advancement of the public interest in India. There are two classes, the first class awarded by the Crown on the recommendation of the Secretary of State for India, and the second class awarded by the Governor-General of India. The medal is an oval-shaped badge or decoration, in gold for the first class, and in silver for the second class, and is to be suspended on the left breast by a dark blue ribbon.

By an order, dated May 23rd, 1900, the Queen has granted the gold medal (first class) to the following officers of the Indian Medical Service:

Lieutenant-Colonel ROBERT NEIL CAMPBELL, M.B., who is Civil Surgeon of Shillong. He was appointed Surgeon, October, 1877, and attained the rank of Surgeon-Lieutenant-Colonel October, 1897. He served in the operations against the Naga Hill tribes in 1879-80, and was present at the assault of Konoma, and received the medal and clasp. He served with the Akha expedition in 1883-84.

Captain CHARLES HENRY JAMES, Indian Medical Service, is Plague Medical Officer in the Jullundur and Hoshiarpur District. He entered the service in January, 1891.

The silver medal has been conferred upon the following:

Captain JOHN WEMYSS GRANT, who entered the Indian Medical Service as Surgeon-Lieutenant on July, 1894, and was appointed to the rank of Surgeon-Captain in July, 1897. He is employed on plague duty in Rajpootana.

Miss CHARLOTTE ADAMS, who qualified as L.R.C.P., L.R.C.S. Edin., and L.F.P.S. Glasg. in 1895.

## THE PLAGUE.

### PREVALENCE OF THE DISEASE.

#### INDIA.

THERE has been a considerable diminution in the death-rate for the whole of India during the week ending May 5th, the mortality being 2,498, against 3,356 in the previous seven days.

In Bombay city the subsidence of the epidemic has not been so great, but the mortality fell to the extent of 52, the actual number of plague victims being 427. The hot weather, therefore, although it has brought an abatement, has not coincided with so marked a decline in the plague mortality as the experience of previous years would have led us to expect.

In Calcutta the number of plague cases and deaths on April 25th, 26th, 27th, 28th, 29th, 30th, and 31st were: fresh cases, 57, 38, 33, 36, 49, 30, and 42; deaths, 45, 35, 29, 38, 44, 29, and 46 respectively, or 256 deaths during the week from plague—a considerable abatement.

In Karachi from 40 to 50 fresh cases of plague occurred daily during the last week of April, and from 30 to 40 deaths from the disease.

In Lucknow the attendance at the hospitals has fallen off to a very great extent owing to a scare amongst the people that if seen to be unwell at all they will be taken to the plague camp. There is no severe outbreak, but the community are in a state of alarm.

In the Mysore province only 4 indigenous cases of plague were reported during the week ending April 20th.

#### ADEN.

At Aden 86 deaths from plague occurred during the week ending May 1st.

#### EGYPT.

At Port Said during May 14th, 15th, 16th, and 17th, no fresh cases of plague occurred. In all 31 cases of plague are reported to have occurred at Port Said, with 15 deaths from the disease. The finding of numerous dead rats and mice in the city and at the wharves of Port Said seem to presage a widespread infection. The destruction of rats and mice has been determined upon by the authorities. There is considerable local distress amongst the labouring population of Port Said owing to the quarantine regulations which has almost stopped all work at the wharves. Certain French newspapers are protesting against the imposition of quarantine on the grounds that the disease is not plague but a similar disease with another name. This is a most dangerous doctrine, and on the face of it untrue.

In Alexandria one case of plague occurred on May 16th.

## THE WAR IN SOUTH AFRICA.

### WITH THE NATAL FIELD FORCE.

[FROM AN OCCASIONAL CORRESPONDENT.]

#### ENTERIC FEVER.

FOLLOWING almost immediately on the relief of Ladysmith, a sharp outbreak of enteric fever has occurred amongst the troops of the relieving force. This is the more to be regretted, as up to the final attack on the Boer position the force was practically free from the disease. When, however, we consider the conditions to which the troops were exposed during their attack on Pieter's Hill, the wonder is, not that enteric fever has broken out among them, but rather that the outbreak has been so limited. During the seventeen days that the final attack lasted, the men slept in the open without a vestige of cover. As the Boers were driven back, our men took shelter in their trenches. These trenches had been occupied by the enemy for many weeks without the faintest attempt at sanitation. Their condition was indescribably filthy. There was no help for it, however, and our troops had to occupy them for days together. At the same time it was often impossible during the daytime to send up drinking water to the troops in advanced positions, as every approach was swept by the Boer fire. The men, therefore, drank from every pool in their neighbourhood, whether it was contaminated or not. There can be no doubt that enteric fever existed amongst the Boer forces, and that our men contracted the disease whilst occupying the trenches which they had captured from the enemy.

Most of the cases I have seen in Natal present the classical symptoms of enteric fever, with this exception, however—that tympanites appears to be a somewhat rare condition. As yet I have not noted those hybrid cases to which the name typho-malarial has been applied in tropical countries. In Natal at least the rash is usually very profuse and well defined. On the whole the cases are of moderate severity, but a very large percentage, far exceeding the average, are attended by intestinal hæmorrhage. This, no doubt, is due to the fact that on field service it is impossible for patients to have the absolute rest and freedom from excitement which is so important a part of the treatment in permanent hospital. The treatment at present in vogue in Natal is almost exclusively by intestinal antiseptics, the only variation being in the agent used. Some prefer salol, some carbolio acid, some again Burney Yeo's chlorine mixture.

#### DYSENTERY.

Dysentery is also very prevalent. Some at least of the medical officers with the force attribute the disease to irritation of the intestinal tract set up by particles of sand, dust, etc., which are accidentally swallowed with food or water. With this opinion, however, I cannot agree. It is easy by close observation to satisfy oneself that the dysentery from which the troops are now suffering, and similarly all or almost all dysentery on field service, is due to constantly-recurring abdominal chills contracted during sleep. Owing to the difficulties of transport only one blanket for two men and one waterproof sheet for each man can be carried. With this slight covering the men sleep on the ground in all weathers. Under these circumstances the nightly-recurring chills sooner or later bring on dysentery in those who are at all predisposed to the disease. Sand, dust, impure water, and indigestible food increase the liability to an attack by exciting local irritation, but they cannot directly cause it. In Natal the disease is seen in two forms, namely:

1. *Catarrhal*.—In this, which is really a catarrhal colitis, the motions consist largely of opaque mucus, which is often slightly blood-stained. There are few symptoms beyond an uncomfortable feeling of flatulence and distension with frequent calls to stool. If the patient is warmly wrapped up at the beginning of the attack it may pass off without any further treatment. If neglected the attack may develop into the second and graver form. It is in this, the catarrhal form, that a saturated solution of magnesium sulphate is found so useful.

2. *Ulcerative*.—This, which is much rarer and graver than the first variety, is usually the final stage of the neglected catarrhal form. It may, however, be a primary affection, at